Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
			(Column 1)		(Column 2)		7	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			40				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			4 D minus 20=		* 20			X\$ 9=	200	OR	X\$18=	
				nus 3 =	us 3 = *			X42=	151	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							Ī	+140=		OFI	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL	13 p	OR	TOTAL	
	С		•			OTHER	THAN					
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
AMENDMENT A	Tancer	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI								+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)										ADDIT. FEE	
	(Column) (Column Claims Highes)				EST		lr		ADDI-			ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		0.5	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT			PENDENT	CLAIM] }	/\.E-		OR		
								+140= TOTAL		OR	+280=	
										OR	TOTAL ADDIT. FEE	
<u> </u> _	Charles San To Back Color Color Salver San	(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
4ME	Independent	*	Minus	***		=	1	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	IPLE DEPENDENT CL				_				
	If the entry in colu	ımn 1 is lees than t	he entry in colu	mn 2 umite	"0" in co	lumo 3		+140=		OR	+280=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE											
	The "Highest Nur	nber Previously Pa	aid For" (Total o	r Independ	ent) is the	highest numbe	er fou	ind in the ap	propriate bo	x in co	lumn 1.	